

Soft Tissue Tumour Resection Histopathology Reporting Proforma



Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.01**).

S1.01 Identification

Family name

Given name(s)

Date of birth

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Aboriginal/Torres Strait Islander
 Other ethnicity
 Unknown

G1.01 Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

S1.02 Accession number

Requesting doctor - name and contact details

Clinical details

S1.03 Principal clinician

S1.04 Type of specimen

- Wide local excision
Compartmentectomy
Radical excision
Pelvic exenteration
Amputation (state type):

Other (specify):

S1.05 Anatomical site

S1.06 Laterality

- Left
Right
N/A
Not stated

G1.02 Clinical or differential diagnosis

S1.07 Details of any neoadjuvant therapy

Not stated

G1.03 Details of any relevant imaging

G1.04 Details of previous biopsy

G1.05 Details of known sites of disease/metastasis

S1.08 Operative findings

Not provided

Provided

Tumour extent

All visible tumour resected?

No

Yes

Not stated

Other relevant information

G1.06 Details of relevant family history/pre-disposing factors

Macroscopic findings

S2.04 Measurements of specimen

x x

S2.05 Measurements of tumour

x x

G2.04 Distance from tumour to margins:

Closest margin

Distance to closest margin

Other margin

Distance to other margin

G2.05 Nature of tissue between tumour and closest margin

Fat

Muscle

Fascia

Nature of the tumour interface with normal tissue (eg infiltrative, well circumscribed or encapsulated)

G2.06 Appearance of cut surface of tumour:

Description

Haemorrhage

Absent

Present

Necrosis

Not identified

Present

% tumour volume

S2.06 Lymph nodes

Site 1

Total number of nodes

Site 2

Total number of nodes

Site 3

Total number of nodes

G2.08 Other macroscopic comment

Microscopic findings

S3.01 Tumour site

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Tumour depth – tissue plane:

- Dermis
- Subcutis/superficial to deep fascia
- Subfascial
- Intramuscular
- Other (specify)

Tumour depth:

	mm
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Measurement is not possible

G3.01 Tumour description
(eg cellularity, growth pattern etc)

G3.02 Mitotic rate

	per 10hpf
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G3.03 Necrosis:

- Not identified
 - Present % tumour volume
- | | |
|--|--------|
| | % est. |
|--|--------|

S3.02 Histologic type (WHO)

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Subtype

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Typing not possible

G3.04 Pre-existing benign lesion
(nerve sheath tumours)

- Absent
- Present

S3.03 Distance from close surgical margins

Margin 1
(state type):

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Distance from margin:

	mm
--	----

Nature of tissue at margin:

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Margin 2
(state type):

--

Distance from margin:

	mm
--	----

Nature of tissue at margin:

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S3.04 Vascular invasion

- Not identified
- Present

S3.05 Lymph node involvement by tumour

Not applicable

Location/
group 1

--

Number of nodes involved by
tumour

--

Total number of nodes resected

--

Location/
group 2

--

Number of nodes involved by
tumour

--

Total number of nodes resected

--

Location/
group 3

--

Number of nodes involved by
tumour

--

Total number of nodes resected

--

S3.06 Bone invasion

- Absent
- Present
- Not applicable

G3.05 Tumour regression (where neoadjuvant chemo/radiotherapy administered)

- Absent
 - Present % tumour regression
- % est.

G3.06 Diagnostic SNOMED coding

G3.07 Additional microscopic comment

Ancillary test findings

G4.01 Immunohistochemistry

Positive Abs	<input type="text"/>
Negative Abs	<input type="text"/>
Equivocal Abs	<input type="text"/>

Interpretation

Clinical significance

G4.02 Cytogenetic analysis

Performing lab

Result

Conclusion

Person responsible for reporting

G4.03 Molecular genetic analysis

Performing lab

Method

Substrate

Result

Conclusion

Person responsible for reporting

G4.04 Electron microscopy

Performing lab

Result

Conclusion

Person responsible for reporting

Synthesis and overview

S5.01 AJCC Tumour stage (See p6)

T

N

M

S5.02 Year of publication and edition of cancer staging system

S5.03 Tumour grading (FNCLCC (Adult STS) (See p6)

Differentiation score

Mitotic index score

Tumour cell necrosis

Total tumour score

Grade

Grading not possible/applicable

If grading is not possible include a general statement

S5.04 Tumour grading (COG)
(non-rhabdomyosarcomatous paediatric sarcoma other than Ewing's/PNET)

- Grade 1
Grade 2
Grade 3

Grading not possible/appropriate

S5.05 Intergroup Rhabdomyosarcoma Study classification**
(paediatric rhabdomyosarcoma)

- Embryonal, botryoid
(favourable prognosis)
Embryonal, spindle cell
(favourable prognosis)
Embryonal, NOS
(intermediate prognosis)
Alveolar, NOS or solid variant
(poor prognosis)
Anaplasia, diffuse
(poor prognosis)
Undifferentiated sarcoma
(poor prognosis)

Tumour site

- Orbit
Head and neck
Bladder/prostate
Extremity
Cranial parameningeal
Other (specify):

PAX fusion type

Grading not possible/appropriate

G5.01 Sent for specialist soft tissue review
(give details)

G5.02 Diagnostic summary
Include: Specimen type; tumour site & laterality; tumour size; type; grade; stage; completeness of excision; prognostically important results of ancillary studies; assessment of response to neoadjuvant therapy

S5.06 Other relevant information and comments

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Worksheet prepared by:

On:

AJCC Tumour Stage

Primary Tumour (T)

- TX Primary tumour cannot be assessed
T0 No evidence of primary tumour
Tis Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria
T1 Tumour invades lamina propria, muscularis mucosae, or submucosa
T1a Tumour invades lamina propria or muscularis mucosae
T1b Tumour invades submucosa
T2 Tumour invades muscularis propria*
T3 Tumour penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures**,***
T4 Tumour invades serosa (visceral peritoneum) or adjacent structures**,***
T4a Tumour invades serosa (visceral peritoneum)
T4b Tumour invades adjacent structures
* Note: A tumour may penetrate the muscularis propria with extension into the gastrohepatic ligaments, or into the greater or lesser omentum, without perforation of the visceral peritoneum covering these structures. In this case, the tumour is classified as T3. If there is perforation of the visceral peritoneum covering the gastric ligaments or the omentum, the tumour should be classified T4.
** The adjacent structures of the stomach include the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine and retroperitoneum.
*** Intramural extension to the duodenum or esophagus is classified by the depth of the greatest invasion in any of these sites, including the stomach.

Regional Lymph Nodes (N)

- NX Regional lymph node(s) cannot be assessed
N0 No regional lymph node metastasis*
N1 Metastasis in 1-2 regional lymph nodes
N2 Metastasis in 3-6 regional lymph nodes
N3 Metastasis in seven or more regional lymph nodes
N3a Metastasis in 7-15 regional lymph nodes
N3b Metastasis in 16 or more regional lymph nodes
* Note: A designation of pN0 should be used if all examined lymph nodes are negative, regardless of the total number removed and examined.

Distant Metastasis (M)

- M0 No distant metastasis
M1 Distant metastasis

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FNCLCC grading system

Tumour differentiation

- Score 1: sarcomas closely resembling normal adult mesenchymal tissue (e.g., low grade leiomyosarcoma).
Score 2: sarcomas for which histological typing is certain (e.g., myxoid liposarcoma).
Score 3: embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, osteosarcomas, PNET.

Mitotic Count

- Score 1: 0-9 mitoses per 10 HPF*
Score 2: 10-19 mitoses per 10 HPF
Score 3: ≥20 mitoses per 10 HPF

Tumour necrosis

- Score 0: no necrosis
Score 1: <50% tumour necrosis
Score 2: ≥50% tumour necrosis

Histological grade

- Grade 1: total score 2, 3
Grade 2: total score 4, 5
Grade 3: total score 6, 7, 8

Modified with permission from Trojani M, Contesso G, Coindre JM, Rouesse J, Bui NB, de Mascarel A, Goussot JF, David M, Bonichon F and Lagarde C (1984). Soft-tissue sarcomas of adults; study of pathological prognostic variables and definition of a histopathological grading system. Int J Cancer 33:37-42.